

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. 10/589888	FILING DATE
	APPLICANT(S)	

CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7	1						57						
8	1						58						
9			1				59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
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19			1				69						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	8	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			11				TOTAL CLAIMS						